

Dry Cleaner FACILITY (General Information)

Instructions for Form DC-A1

Form DC-A1 contains general information on the facility being permitted. One Form DC-A1 is to be completed for each permit application.

GENERAL INFORMATION

LEGAL NAME OF CORPORATE ENTITY - The legal name of the company that the permit will be issued to (i.e. the legal name of the owner of the business). This will be the name of the local business if it is incorporated and is not solely a marketing name. If the business operates under a marketing name, this will be the name of the corporate owner.

SITE NAME - The marketing name of the facility. This may be the same as the legal name of the corporate entity.

SITE ADDRESS, CITY, COUNTY, STATE, ZIP CODE - The location where the agency would go to inspect the equipment.

CONTACT INFORMATION

RESPONSIBLE COMPANY OFFICIAL CONTACT – The official as specified in MCAPCO Regulation 1.5212 Paragraph (i). This is the same person that will be responsible for signing the application form.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the official receives mail.

TITLE, TELEPHONE, FAX, E-MAIL ADDRESS - For the official.

CORPORATE CONTACT PERSON - The owner's agent who is to be contacted for information concerning the facility.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the owner's agent receives mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the owner's agent

HIGHEST RANKING OFFICIAL IN MECKLENBURG COUNTY, TITLE - The local person within the organizational hierarchy who is or is closest to the head of the national / international organization (i.e. owner, president, chairman, facility manager).

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the official receives mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the official.

SITE CONTACT, TITLE - The person at the facility who is to be contacted for information concerning the facility.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the facility receives mail.

TELEPHONE, FAX, E-MAIL ADDRESS - For the site contact person.

FACILITY (PLANT SITE) INFORMATION

DESCRIBE NATURE OF (PLANT SITE) OPERATION - This is a short statement describing what is taking place at the facility (i.e. asphalt batch plant, rock quarry, cigarette manufacturing, etc.).

SIC CODE(S) - This is the Standard Industrial Classification which can be found in the Standard Industrial Classification Manual. If there are multiple processes at the facility which have different SIC codes, list the code or codes which best represent the primary activity at the facility. Additionally, include any SIC codes associated with any alternative operating scenarios as specified in Section B forms.

DESCRIPTION OF PRIMARY SIC GROUP - Each four digit SIC code has a description to be entered here. For example, if your facility manufactured wooden office chairs, the SIC code would be 2521 and the SIC group description found in the SIC Manual would be "wood office furniture".

NAICS CODE(S) – This is the North America Industry Classification System which can be found in the North American Industry Classification System Manual. If there are multiple processes at the facility which have different NAICS codes, list the code or codes which best represent the primary activity at the facility. Additionally, include any NAICS codes associated with any alternative operating scenarios as specified in Section B forms.

DESCRIPTION OF PRIMARY NAICS GROUP - Each six digit NAICS code has a description to be entered here. For example, if your facility manufactured wooden office chairs, the NAICS code would be 337211 and the NAICS group description found in the NAICS Manual would be "wood office furniture manufacturing".

FACILITY COORDINATES - This can be determined by locating your facility on a USGS topographic map. Topographic maps are available for inspection at this agency or can be purchased from the U.S. Geological Survey in Reston, VA (1-800-872-6277) or at stores selling hiking equipment. Enter the latitude (X-coordinate) and longitude (Y-coordinate) coordinates.

TAX CODE PARCEL ID NO. - This number can be obtained from the tax office.

OPERATION - Hours the manufacturing process operates (i.e., production, does not include administrative hours).

APPLICATION CLASSIFICATION

APPLICATION / NOTIFICATION IS BEING MADE FOR:

NEW FACILITY - Application is made for construction/operation of a new facility.

EXISTING PERMITTED FACILITY - Facility currently in operation, which holds an air quality permit.

EXISTING UNPERMITTED FACILITY - Facility currently in operation that does not hold an air quality permit.

IS THERE A GASOLINE DISPENSING FACILITY ON SITE?

DO YOU CLAIM CONFIDENTIALITY OF DATA? - All information in this application and the attachments thereto are considered public information unless the applicant can demonstrate that specific information qualifies for confidential treatment under the provisions of North Carolina G.S 143-215.3 (a)(2). **Your request does not guarantee confidentiality.** If you request confidentiality, you must submit one confidential copy of the application package and one public copy of the application package as defined below:

1. Confidential copy: one complete application, stamped confidential on each relevant page and containing the confidential and non-confidential information; and
2. Public copy: one complete application, indicating "Trade Secret Information Deleted" for each instance where information has been omitted from the Public copy.

Note: All application forms, including those deemed confidential by MCAQ, may be submitted to EPA. Because EPA has different guidelines for confidentiality, what may be deemed confidential by MCAQ may be released as public information by EPA. Therefore, it is advised that both the North Carolina General Statutes and the federal laws concerning confidentiality be reviewed prior to submitting proprietary information to MCAQ.

SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL

SIGNATURE OF RESPONSIBLE PERSON OR COMPANY OFFICIAL, TITLE, DATE - Permit applications submitted pursuant to MCAPCO 1.5212(i) shall be signed as follows. Check the applicable category:

1. for corporations, by a principal executive officer of at least the level of vice-president, or their duly authorized representative, if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate;
2. for partnership or limited partnership, by a general partner;
3. for a sole proprietorship, by the proprietor; or
4. for municipal, state, federal, or other public entity, by a principal executive officer, ranking elected official, or duly authorized employee.

MAILING ADDRESS, CITY, STATE, ZIP CODE - The address at which the official receives mail.

TITLE, TELEPHONE, FAX, E-MAIL ADDRESS - For the official.

SECTION A

DC
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A1

Dry Cleaner FACILITY (General Information)

GENERAL INFORMATION

Legal Corporate/Owner Name:

Site Name (if different from above):

Site Address Line 1:

Site Address Line 2:

City:

State:

Zip Code:

County: Mecklenburg County

CONTACT INFORMATION

Responsible Company Official Contact:

Name, Title:

Corporate Contact:

Name, Title:

Mailing Address Line 1:

Mailing Address Line 1:

Mailing Address Line 2:

Mailing Address Line 2:

City:

State:

Zip Code:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Phone No.:

Fax No.:

E-mail Address:

E-mail Address:

Highest Ranking Local Official in Mecklenburg County:

Name, Title:

Site Contact:

Name, Title:

Mailing Address Line 1:

Mailing Address Line 1:

Mailing Address Line 2:

Mailing Address Line 2:

City:

State:

Zip Code:

City:

State:

Zip Code:

Phone No.:

Fax No.:

Phone No.:

Fax No.:

E-mail Address:

E-mail Address:

FACILITY (Plant Site) INFORMATION

Describe nature of (plant site) operation(s):

SIC Code:

Description of Primary SIC Group:

NAICS Code:

Description of Primary NAICS Group:

Facility Coordinates: X-Coordinate:

Y-Coordinate:

Tax Code Parcel ID No.:

Operation:

Hours/Shift:

Shifts/Day:

Days/Week:

Weeks/Year:

APPLICATION CLASSIFICATION

Facility Type: New Facility Existing Permitted Facility Existing Unpermitted Facility

Is there a gasoline dispensing operation on site?

 Yes NoDo you claim confidentiality of data? Yes NoIf Yes, please include both copies: Public Copy of Application Confidential Application

SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL

As specified in MCAPCO Regulation 1.5212 Paragraph (i), all permit applications submitted shall be signed by one of the following (check applicable category):

- For Corporations:**
 - by a principal executive officer of at least the level of vice-president, or
 - by his duly authorized representative if such representative is responsible for the overall operation of the facility from which the emissions described in the permit application originate or will originate
- For Partnerships or Limited Partnerships, by a general partner**
- For a Sole Proprietorship, by the proprietor**
- For a municipal, state, federal, or other public entity:**
 - by a principal executive officer, or
 - by a ranking elected official, or
 - by a duly authorized employee

The undersigned certifies that all information and statements provided in the application, based on information and belief formed after reasonable inquiry, are true, accurate, and complete.

Name (typed/print):	Title:
X Signature (Blue Ink):	Date:

APPLICATION ATTACHMENTS

THE FOLLOWING MUST BE INCLUDED OR THE APPLICATION MAY BE RETURNED:

- Application Fee
- Signature

Amount Paid:	Paid Date:	Department Use Only:
Check Reference No.:	Payment Receiver's Initials:	
Premise Number:	45 Days After Application Receipt:	
Permit Number:	90 Days After Application Complete:	